REQUEST FOR OVERRIDE INTO PSYCHOLOGY COURSE

Date: .

Your Name: Email: .

Your RU ID: Your Advisor: .

Graduation Date: Semester for Override (Fall, Spring, etc.): .

Course Name (E.G., Introductory Psych): .

Course Number(E.G. Psych 121) Section number (E.G. Psych 121-14): .

5-Digit CRN Number: .

HAVE YOU COMPLETED THE PREREQUISITES FOR THIS CLASS? [ ]  YES or [ ]  NO

Reason for override request: [ ]  Prerequisite [ ]  Class Full [ ]  Permission from Instructor

[ ]  Course at RUC: [ ]  Yes I understand that tuition rates may be higher at RUC

[ ]  Other: explain: .